USER ACCESS REQUEST AND RESPONSIBILITY STATEMENT

(FH Regulation 25-3)

PRIVACY ACT

AUTHORITY: 10 U.S.C. 3013. PURPOSE: To control access, through password and user identification codes, to autor equipment. ROUTINE USE: To identify data processing and communications customers authorized access to data syste DISCLOSURE: Voluntary. Failure to provide information may result in denial of access to automation systems.

PART I. ACTION REQUESTED (Filled in by ISSO).

a. Type of action: New Account_____ Delete_____ Change_____ Renewal_____ Contractor_____

b. TSACS Login I.D. affected (if action is other than a new account): _____

c. Access requested on the following system(s) (check all that apply): Exchange_____ TSACS_____ DAISM_____

OROS ABC_____ SIDPERS_____ Telephone PIN _____ SIPRNET:_____

d. For DAISM, enter Module name:_____

e. Other or special requirements:_____

PART II. REQUESTOR INFORMATION (Filled in by user) except where noted, all entries are required for new accounts.

a. Name (Last, First, MI) _____

b. Grade/Rank:_____ c. SSN:_____ d. Building/Room Number:_____

e. Office Symbol:_____ f. Duty Telephone Number:_____ g. Organization:_____

h. E-mail Address (required for TSACS accounts only):_____

PART III. SECURITY ACCESS VERIFICATION (Filled in by Organizational Security Officer)

a. Security Access Level: NAC or ENTNAC_____ SECRET_____ TS_____

b. Security Manager_____ _____ _____

PRINTED/TYPED NAME DUTY PHONE SIGNATURE

PART IV. RESPONSIBILITIES REQUIREMENTS (Filled in by Requesting Organization and System Proponer

As a potential user of Government information systems resources, I am aware of the following responsibilities: I will use the resourc performance of my official duties. I will control and protect all data, software, hardware, passwords, copyrighted, or proprietary mate of my abilities. I will not use personally owned computers to access Government information systems resources. I will immediately security incidents to my ISSO. I will protect my user account name and password, and telephone access numbers at a level commens level of information being processed or accessed. I will abide by applicable security regulations and guidelines, and access only the r authorized. I understand the password I receive as a result of this request is my personal access key and if I reveal my password to a password will be considered compromised and my access privilege suspended or revoked pending an investigation of the compromise

a. Requesting Individual: I have read the above and will comply to the best of my ability.

_____ _____ _____ _____

Printed Name Duty Phone Date Signa

b. Supervisor: I verify this access request is authorized.

_____ _____ _____ _____

Printed Name Duty Phone Date Signa

c. ISSO: I verify user has proper security clearance, understands security guidelines, is an authorized user.

_____ _____ _____ _____

Printed Name Duty Phone Date Signa

d. Contracting Officer Representative (COR)/Contract Monitor (CM): I certify this request and authorization is required under the s

existing contract (see attached COR letter). Contract/access expires on (provide date required entry): _____

Instruction for FH Form 380-23-R-E

General. Type or legibly print all information.

Processing priority will be given to typed or neatly printed forms. Illegible forms will be returned without action, or will, at least, del
Only legible FAX copies and requests with proper signatures will be processed. TSACS and Exchange E-mail passwords expire in si
Exchange E-mail accounts not accessed within a 60 day period will be deleted. Exchange E-mail passwords for contractor personnel
months and the account expires when the contract expires.

Part I. Action Requested.

a. Indicate whether the request is to establish a new account or to delete or change an existing account. Provide any additiona
the special requirements section. To ensure our database is current, change requests should be submitted for name changes, transfers
organizations, physical moves to another building, reorganizations (which may include everything in this section), and changes in tele
extensions. Requests for mass changes due to a physical move or reorganization can be accomplished by using one form with a separa
information from this section for all personnel affected. The organization's commander/ director/chief and Information System Securit
must then sign the form in Parts III b and c.

b. Provide existing user's login ID when requesting the deletion or changing of an account or when establishing organization
special accounts (i.e., "travel"). Login ID will be assigned when new accounts are established.

c. Access requested on following systems: Indicate the system(s) on which an account must be established, changed, or delet
additional information in the special requirements section.

d. Name of the Installation Support Module (ISM.)

Part II. Requestor Information.

a. User's full name.

b. User's grade or rank.

c. User's social security number.

d. Building number and, if applicable, the room number for the user. A change request should be submitted if a user moves to
building due to reorganization/reassignment/promotion. Only the supervisor and the ISSO need to sign the request in Parts III b and c

e. User's office symbol.

f. User's duty phone number. Provide the DSN and Commercial prefixes only for access to systems not physically located on
A change request should be submitted if a user's extension changes due to reorganization/reassignment/promotion. Only the supervis
need to sign the request in Parts III b and c for changes.

g. User's organization. A change request should be submitted if a user moves to another branch or section within the same or
reorganization/reassignment/promotion. Only the gaining supervisor and ISSO need to sign the request in Parts III b and c for change

h. List E-mail address for new TSACS accounts.

Part III. Security Access Verification.

a. User's security access level. Minimumal NACI investigation level required.

b. Security Manager's name, duty phone, and signature.

Part IV. Responsibilities Requirements.

a. Requesting Individual's full name and duty phone. The requestor must sign in this section.

b. Supervisor's full name and duty phone. The supervisor must sign in this section.

c. ISSO full name and duty phone. The ISSO must sign in this section. A copy of the ISSO appointment memorandum must
DOIM.

d. For contractor personnel, provide the Contracting Officer Representative's (COR) or Contract Monitor (CM), full name an
For contractor personnel, the COR/CM must sign in this section. The COR is certifying a need for contractor personnel to access a spe
Government system, such as E-mail or an ISM to fulfill contract requirements. Expiration date of the contract must be provided. A
appointment memorandum must be on file with the DOIM.